IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 375.00 Paid MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 136820 PIN# 4664678995.056 4664-67-9992 DATE October 19, 2006

OWNER OR APPLICANT Anniston LLC PHONE: Business _____ Home _____

ADDRESS 17824 Statesville Rd Suite 112, Cornelius, N.C 28031

LOCATION Shearer's Rd. (S) TL Anniston Way on Right near end

SUBDIVISION Anniston BLOCK / SECTION 2 LOT 56 LOT AREA .94AC SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .275

Septic Tank: 1500 Gallons; STB 444 Date 8/25/07
Pump Tank: 1500 Gallons; PT 477 Date 8/24/07
Pump Make: Zoeller Model Liberator 3 1/2 hp Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1188 * Linear Feet 396+
No Lines 6@66' Trench Width 36" * Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ New System ☐ Repair ☐ Expansion System Type: I II III ⓥ V VI
System Description: LP PPBPS
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:
* Per plan specs

Comments:/Conditions:

INITIAL SITE SKETCH

SEE PLAN from Rollins Soil & Env. Services

AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plan valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Nori Oakley date 10-24-06 Installed by: A-1 Backhoe

Improvement Permit by: _____ date 10-19-06 Operation Permit by: _____ date 2/14/08

Authorization to Construct by: _____ date 5-8-07 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK